

Well Name\_\_\_\_\_



DEPARTMENT OF MINES, MINERALS AND ENERGY

DIVISION OF GAS AND OIL

P.O. BOX 1416

ABINGDON, VA 24210

(276) 676-5423

GEOHERMAL RESOURCE PRODUCTION OR INJECTION REPORT

The undersigned well operator submits this report of production and/or injection of geothermal fluid for the month \_\_\_\_\_, 20 \_\_\_\_.

WELL IDENTIFICATION NUMBER: \_\_\_\_\_

WELL LOCATION: \_\_\_\_\_

PRODUCTION WELL

Pressure Measurements:

Volumetric Rate:

Maximum Temperature (depth):

Temperature at discharge point (beginning):

Temperature at discharge point (end):

Hydraulic Head:

INJECTION WELL

Pressure Measurements:

Volumetric Rate:

Maximum Temperature (depth):

Temperature at discharge point (beginning):

Temperature at discharge point (end):

WELL OPERATOR \_\_\_\_\_

BY \_\_\_\_\_

ITS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DGO-G-07

Revised 6/16/89